

PLEASE BRING FORM TO:

ASHE COUNTY PARKS AND RECREATION

626 ASHE CENTRAL SCHOOL RD

JEFFERSON, NC 28640

2025

ASHE YOUTH FLAG FOOTBALL

Grades 1st/2nd, 3rd/4th, 5th/6th

\$40 Registration Fee

Phone: 336-982-6185

Website: asheparks.com

NAME: _____ **GENDER: M/F HOME PHONE #** _____

PARENT 1 NAME: _____ **EMAIL:** _____

PHONE: (H) _____ **(W)** _____ **(C)** _____

PARENT 2 NAME: _____ **EMAIL:** _____

PHONE: (H) _____ **(W)** _____ **(C)** _____

CHILD'S MAILING ADDRESS: _____

SCHOOL CHILD ATTENDS: _____

CHILD'S DATE OF BIRTH: ____ / ____ / ____ **GRADE (Fall 2024)** _____

CHILD'S APPROXIMATE HEIGHT: _____ **CHILD'S APPROXIMATE WEIGHT:** _____

SHIRT SIZE(Circle one) YS / YM / YL / AS / AM / AL

PARENTAL PERMISSION & RELEASE: I, _____, as parent/legal guardian of (participant) _____ hereby give my consent for participation in Ashe Youth Flag Football (AYFF), sponsored by Ashe County Parks & Recreation (ACPR). I assume all risks and hazards incidental to such participation, including transportation to and from the program, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Ashe County, its staff, its volunteers, and any sponsoring agency for any claim arising out of any loss or injury that the participant might sustain while engaged in this program. I understand that ACPR does not provide insurance and is not responsible for the medical condition of the participant. I agree to the release of photographs of the participant for the promotion of AYFF and ACPR. I agree to return or pay for all equipment issued to the participant. I also agree to abide by the NO REFUND and resident/non-resident participation policies. I am responsible for the listing of any medical condition, limitations, and special needs of the participant in the space provided above.

Signature of Parent/Legal Guardian _____

Allergies/Medical Concerns/Activities child may not participate in:

In case of emergency, alternate contact: _____ **Phone:** _____